

Hage Elementary School PTA

Check Request



Date Requested: _____ Date Needed: _____

Requested By: _____ Phone: _____

Amount of Check: \$ _____ Project: _____

Check Payable to: _____

Address: _____

Contact: _____ Phone: _____

Explanation: _____

Delivery of Payment:

Mail to Vendor	<input type="checkbox"/>
Hand Deliver	<input type="checkbox"/>
Other	<input type="checkbox"/>

Forms available on www.HagePTA.com

Explanation: _____

Approved By: Check requests need signatures prior to submitting to the Treasurer.

President's Signature

Date: _____

Secretary's Signature

Date: _____

****REMINDER****

Please include all essential receipts and supporting documentation to check request.

Forward check request to:

Treasurer
9750 Galvin Ave
San Diego, CA 92126